



AGENCY OF HUMAN SERVICES

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DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

Division of Licensing and Protection

HC 2 South, 280 State Drive

Waterbury, VT 05671-2060

<http://www.dail.vermont.gov>

Survey and Certification Voice/TTY (802) 241-0480

Survey and Certification Fax (802) 241-0343

Survey and Certification Reporting Line: (888) 700-5330

To Report Adult Abuse: (800) 564-1612

May 31, 2019

Ms. April Stein, Manager  
Path At Stone Summit  
Po Box 895  
No Bennington, VT 05257-0895

Dear Ms. Stein:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **May 1, 2019**. Please post this document in a prominent place in your facility.

We may follow-up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,

A handwritten signature in cursive script that reads "Pamela M. Cota RN".

Pamela M. Cota, RN  
Licensing Chief

MAY 21 2019

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  0651	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  05/01/2019
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NAME OF PROVIDER OR SUPPLIER  PATH AT STONE SUMMIT	STREET ADDRESS, CITY, STATE, ZIP CODE PO BOX 895 NO BENNINGTON, VT 05257
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
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T 001 Initial Comments

T 001

An unannounced on-site re-licensure survey was conducted by the Division of Licensing and Protection on 5/1/19 to determine compliance with the Licensing and Operating Regulations for Therapeutic Community Residences (TCR). The following regulatory violations were identified:

RE: Citation T-187

Our PM House Manager is now aware that in order to qualify as "night hours drill" a drill needs to take place between midnight and 7 AM. (Formerly, we had considered any drill after 9PM as being night hours). Going forward we will use the 12am-7am definition.

I also communicated this to all staff at our Staff Meeting on 5/9/19.

Effective immediately, we will conduct at least one drill annually during the hours of Midnight and 7 AM. I announced this to our Residents at their Community Meeting on 5/13/19.

Our next drill, during the month of June is scheduled to be a night hours drill.

T 187 IX.9.11.c Physical Plant  
SS=E

T 187

9.11 Disaster and Emergency Preparedness  
  
9.11.c Each residence shall have in effect, and available to staff and residents, written copies of a plan for the protection of all persons in the event of fire and for the evacuation of the building when necessary. All staff shall be instructed periodically and kept informed of their duties under the plan. Fire drills shall be conducted on at least a quarterly basis and shall rotate times of day among morning, afternoon, evening, and night. The date and time of each drill and the names of participating staff members shall be documented.

This REQUIREMENT is not met as evidenced by:  
Based on staff interview and record review, the TCR failed to rotate times of day when conducting required fire drills. Findings include:

Per review of the TCR fire drill records, there was a failure to conduct a fire drill during night hours. This was confirmed on the afternoon of 5/1/19 by the TCR manager.

Division of Licensing and Protection  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE  
DIRECTOR OF OPERATIONS

(X6) DATE  
5/17/19

T187 - T193 POC's accepted 5/30/19 Fm. In. K. W. R. / P. M.

Division of Licensing and Protection

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T 193	Continued From page 1	T 193	RE: Citation T-193	
T 193 SS=E	X.10.2.a.b.c.d.e.f Pets	T 193		<p>In preparation to remedy this issue, we discovered that the problem was not with the horses being overdue for vaccinations and exams, but rather with our record keeping. When we contacted the Vet to verify our documentation, we discovered that at the time of inspection on 5/1/10, the horses were less than a year from their last vaccination, which had taken place on 5/16/18. (Please see attached records for 2018). The next set of shots had correctly been scheduled for 5/8/19 in accordance with regulations and have been administered as of this writing. (Please see attached records for 2019).</p> <p>I have met with our Barn Manager to review the relevant policies and regulations, and I have counseled her on neglecting to update our records correctly. The records are now correct and the management team will review them at least quarterly to ensure that they remain correct.</p>
	<p>10.2 Pets, owned by a resident or the residence, may reside in the residence providing the following conditions are met:</p> <p>10.2.a The residence shall ensure that the presence of a pet causes no discomfort to any resident.</p> <p>10.2.b The residence shall ensure that pet behavior poses no risk to residents, staff or visitors.</p> <p>10.2.c The residence must have procedures to ensure that pets are kept under control, fed, watered, exercised and kept clean and well-groomed and that they are cleaned up after.</p> <p>10.2.d Pets must be free from disease including leukemia, heartworm, hepatitis, leptos psoriasis, parvo, worms, fleas, ticks, ear mites, and skin disorders, and must be current at all times with rabies and distemper vaccinations.</p> <p>10.2.e Pet health records shall be maintained by the residence and made available to the public.</p> <p>10.2.f The residence shall maintain a separate area for feeding cats and dogs other than the kitchen or resident dining areas.</p> <p>This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the</p>			

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T 193	Continued From page 2  TCR failed to ensure all pets owned by the TCR; who reside on the facility property and are included in treatment programs provided by the TCR were all up to date with veterinary visits and required vaccinations. Findings include:  Per review of veterinary records for the animals who reside on the property of the TCR the following horses were overdue for veterinary visits and any required vaccinations: Comanche; Mama; Lonnie; and Cairo have been overdue since 6/19/18. The TCR manager confirmed the horses health records were accurate and the animals were overdue for required exams.	T 193		
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# CERTIFICATE OF VACCINATION

**VETERINARY CLINIC**

Aeolus Animal Hospital & Equine Center  
145 Harmony Lane  
Manchester Center, VT 05255  
802-362-2241

**OWNER OF ANIMAL**

Path at Stone Summit  
2380 Colvin Hill Road  
Danby, VT 05739  
County:

This is to certify...

THAT I HAVE VACCINATED AGAINST RABIES THE ANIMAL DESCRIBED BELOW.

**Patient information...**

**PATIENT:** Comanche  
**SPECIES:** Equine  
**SEX:** Gelding  
**Color and markings:** Bay

**TAG NO:**  
**WEIGHT:** 1061.00  
**AGE:** 10Y

**DUPLICATE**

Signed \_\_\_\_\_

Kyle Bushee, DVM

**License:** 0104811

**Vaccinations done...**

05-07-20 Eastern/Western/Tetanus  
05-07-20 Rabies Equine  
05-07-20 West Nile Virus

**Rabies Vaccine Information...**

**Date of Rabies Vaccination:** 05-16-18

**Next Rabies Vaccination On:** 05-07-20

**MFG BY:** MRL

**SER.NO:** 12636

**LOT EXP:** 01/19/19

**ADM:** IM

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**OWNER OF ANIMAL**

Path at Stone Summit  
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Danby, VT 05739  
County:

This is to certify...

THAT I HAVE VACCINATED AGAINST RABIES THE ANIMAL DESCRIBED BELOW.

**Patient information...**

**PATIENT:** Cairo  
**SPECIES:** Equine  
**SEX:** Gelding  
**Color and markings:** Bay

**TAG NO:**  
**WEIGHT:** 1050.00  
**AGE:** 10Y

**DUPLICATE**

Signed \_\_\_\_\_

Kyle Bushee, DVM

**License:** 0104811

**Vaccinations done...**

05-07-20 Eastern/Western/Tetanus  
05-07-20 Rabies Equine  
05-07-20 West Nile Virus

**Rabies Vaccine Information...**

**Date of Rabies Vaccination:** 05-16-18

**Next Rabies Vaccination On:** 05-07-20

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County:

This is to certify...

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**Patient information...**

**PATIENT:** Lonnie  
**SPECIES:** Equine  
**SEX:** Mare  
**Color and markings:** Chestnut

**TAG NO:**  
**WEIGHT:** 868.00  
**AGE:** 10Y

**DUPLICATE**

Signed \_\_\_\_\_

Kyle Bushee, DVM

**License:** 0104811

**Vaccinations done...**

05-07-20 Eastern/Western/Tetanus  
05-07-20 Rabies Equine  
05-07-20 West Nile Virus

**Rabies Vaccine Information...**

**Date of Rabies Vaccination:** 05-16-18

**Next Rabies Vaccination On:** 05-07-20

**MFG BY:** MRL

**SER.NO:** 12636

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This is to certify...

THAT I HAVE VACCINATED AGAINST RABIES THE ANIMAL DESCRIBED BELOW.

**Patient information...**

**PATIENT:** Mama  
**SPECIES:** Equine  
**SEX:** Mare  
**Color and markings:** Bay

**TAG NO:**  
**WEIGHT:** 760.00  
**AGE:** 17Y

**DUPLICATE**

Signed \_\_\_\_\_

Kyle Bushee, DVM

License: 0104811

**Vaccinations done...**

05-07-20 Eastern/Western/Tetanus  
05-07-20 Rabies Equine  
05-07-20 West Nile Virus

**Rabies Vaccine Information...**

**Date of Rabies Vaccination:** 05-16-18  
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THAT I HAVE VACCINATED AGAINST RABIES THE ANIMAL DESCRIBED BELOW.

**Patient information...**

**PATIENT:** Comanche  
**SPECIES:** Equine  
**SEX:** Gelding  
**Color and markings:** Bay

**TAG NO:**  
**WEIGHT:** 1061.00  
**AGE:** 10Y

Signed



Robert J. Wendell, DVM, MS

License: VT 1166

**Vaccinations done...**

05-07-20 Eastern/Western/Tetanus  
05-07-20 Rabies Equine  
05-07-20 West Nile Virus

**Rabies Vaccine Information...**

**Date of Rabies Vaccination:** 05-08-19  
**Next Rabies Vaccination On:** 05-07-20  
**MFG BY:** MRL                      **SER.NO:** 12650  
**LOT EXP:** 12/20/20                **ADM:** IM

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Manchester Center, VT 05255  
802-362-2241

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Signed



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License: VT 1166

**Vaccinations done...**

05-07-20 Eastern/Western/Tetanus  
05-07-20 Rabies Equine  
05-07-20 West Nile Virus

**Rabies Vaccine Information...**

**Date of Rabies Vaccination:** 05-08-19  
**Next Rabies Vaccination On:** 05-07-20  
**MFG BY:** MRL                      **SER.NO:** 12650  
**LOT EXP:** 12/20/20                **ADM:** IM

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802-362-2241

**OWNER OF ANIMAL**

Path at Stone Summit  
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County:

This is to certify...

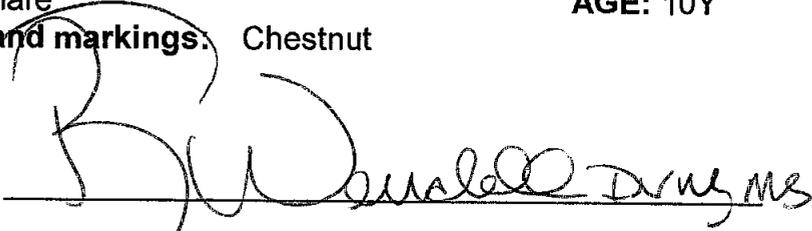
THAT I HAVE VACCINATED AGAINST RABIES THE ANIMAL DESCRIBED BELOW.

**Patient information...**

**PATIENT:** Lonnie  
**SPECIES:** Equine  
**SEX:** Mare  
**Color and markings:** Chestnut

**TAG NO:**  
**WEIGHT:** 868.00  
**AGE:** 10Y

Signed

  
Robert J. Wendell, DVM, MS

**License:** VT 1166

**Vaccinations done...**

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05-07-20 Rabies Equine  
05-07-20 West Nile Virus

**Rabies Vaccine Information...**

**Date of Rabies Vaccination:** 05-08-19  
**Next Rabies Vaccination On:** 05-07-20  
**MFG BY:** MRL **SER.NO:** 12650  
**LOT EXP:** 12/20/20 **ADM:** IM

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**SEX:** Gelding  
**Color and markings:** Bay

**TAG NO:**  
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**AGE:** 10Y

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